Medical Policy Development

Values

Accountability ● Integrity ● Service Excellence ● Innovation ● Collaboration

Abstract Purpose:

A Medical Policy is a Network Health Plan/Network Health Insurance Corporation/Network Health Administrative Services, LLC, (NHP/NHIC/NHAS) internally developed document that provides objective, measurable criteria for making utilization decisions, it is approved through the Utilization Management Committee that includes membership and participation of NH contracted physicians. The policies are based on research and reasonable medical evidence. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language takes precedent. CMS coverage determinations and rules apply to Medicare Advantage products, unless otherwise indicated.

Procedure Detail:

I.   The purpose of a medical policy is to:
   A. supplement the published commercial or CMS utilization criteria used for medical necessity decision making (see n00240 NHP/NHIC/NHAS medical policy–Published Review Criteria);
      a. medical policies developed for application to the Medicare Advantage products are not more restrictive than Medicare's National Coverage Determinations or Wisconsin's regional Local Coverage Determinations.
   B. be used in place of the commercial criteria when it may be contrary to the needs of individual members/participants or the local delivery system; or
   C. clarify when a service may be considered medically necessary verses an exclusion when that service could be either depending on the situation.
II.   Definitions of *medical necessity* or *medically necessary* and *generally accepted standards of medical practice* can be found in the applicable plan documents, i.e. Certificate of Coverage (COC), Evidence of Coverage (EOC), Individual and Family Policy, Summary Plan Description (SPD).
III. Medical policies are applied in a manner which is responsive to the individual member/participant needs and to the characteristics of the local delivery system.
IV.   Identification of the need for a medical policy may come from multiple sources, (e.g. care management (CM) staff, physicians, or other service providers).
V.   A medical policy may be developed when:
   A. no licensed published or CMS criteria meets the current need/situation,
   B. a Coverage Booklet's (i.e. Certificate of Coverage (COC), Evidence of Coverage (EOC), Individual and Family Policy, and Summary Plan Description (SPD)) language needs clarification

C. characteristics of the local delivery system vary from the licensed, published criteria. (e.g. standard criteria states level of care is outpatient setting and local delivery system does not have comparable outpatient service)

VI. The manager of utilization management or designee coordinates the medical policy development process.

VII. All NHP/NHIC/NHAS initiated and *approved* technology assessments are considered for medical policy, and as indicated are in the medical policy format and available to staff for application to service authorization requests. Technology Assessments for services not approved as efficacious are not considered for medical policy development. (See desk procedure: Medical Service and Procedure Technology Assessment)

VIII. NHP/NHIC/NHAS maintains all medical policies on the Internet for internal and public availability. The policies are also internally available for use by utilization management staff for application to process authorization requests.

IX. Medical policies are made available to our practitioners and posted on the internet at https://networkhealth.com/provider-resources/policies-and-forms

X. Medical policies require review and input from appropriate participating practitioner(s) and provider(s) as well as annual review and approval from the Utilization Management Committee

XI. Medical policies are created using the NHP/NHIC/NHAS standard policy format. Format of medical policy;
   A. Title: Name of medical policy
   B. Description: Brief Description of product, procedure, issue.
   C. Medical Indications (criteria) for the procedure, treatment, equipment, etc.
   D. Coverage: Under what circumstances does coverage exist?
   E. Limitations/Exclusions: Any limitations of coverage or exclusions
   F. Special notes/comments: Any other pertinent information including references

XII. Research and Development: NHP/NHIC/NHAS routinely uses external expertise for verifying accepted standards of practice and care. Examples of external expert sources include but are not limited to:
   A. Coverage Booklets (i.e. COC, EOC, SPD)
   B. Technology Assessment sources
      1. Those licensed by NHP/NHIC/NHAS (Up-to-Date)
      2. Those available from other sources (e.g. Government agencies, American Medical Association, etc.)
      3. Internal Technology Assessments created at NHP/NHIC/NHAS
      4. Other
   C. On-line Information Searches
   D. Evidence-based medical literature and clinical practice guidelines developed by nationally recognized organizations, research studies, peer-reviewed publications and other medical periodicals
   E. Other NHP/NHIC/NHAS documents or licensed criteria
      1. Clinical Practice Guidelines
      2. Utilization Criteria
      3. MCG
   F. Professional Organizations
   G. Local Plan Professionals
      1. Physicians
      2. Advanced Practice Nurse Prescribers/Nurse Practitioners
      3. Therapists
      4. Behavioral Health professionals
      5. DME providers
   H. Other sources

Procedure

I. The manager of utilization management or designee organizes available data to support the information and conclusions of the medical policy. Required information (pertinent documentation) includes:
   A. Description of product, procedure or issue involved
   B. Medical Information
      1. Clinical Indications/Criteria
      2. Outcomes research
      3. Studies, anecdotal data
      4. Risk/benefit information
      5. Established alternatives
      6. Availability outside of the research setting
   C. Documentation criteria, as appropriate
   D. Recommendations are sought from our external expert practitioners and/or sources to integrate the evidence-based research with local practices to reach a consensus about the best approach for our members. This integrated outreach includes but is not limited to:
      a. Professional Organizations
      b. Local plan professional/practitioners
         i. Physicians
         ii. Advanced Practice Nurse Prescribers/Nurse Practitioners
         iii. Therapists
         iv. Behavioral Health professionals
         v. DME providers
   E. Statistical considerations when appropriate
      1. number of cases considered
      2. number of requests received
   F. Coverage
      1. by other insurance carriers
      2. by re-insurers
   G. Patient selection criteria, if applicable
   H. Conclusions (rationale for approval, limitation, or disapproval of service in question)
   I. References
II. Develop a draft medical policy and forward to Chief Medical Officer, Medical Director and/or Associate Medical Director, Vice President of Care Services, Utilization Management Committee (UMC) Prep team members and/or UM staff for review.
III. Forward medical policy draft to the appropriate participating practitioner(s) or provider(s) and select UM staff for review and feedback.
IV. Present final draft of medical policy to the UMC.
   A. The UMC reviews, recommends changes to or retirement of the medical policy, and grants approval of the medical policy.
V. Load the updated/approved medical policy into the Network Health compliance and marketing software database(s) for intranet availability and posting.
   a. Compliance will then send notice to the company via *inNetwork* posting that a new medical policy has been developed and is available on the Intranet.
VI. Send email notice to the utilization management department of policy changes, approvals and retirement.
VII. Practitioners are notified via the Internet, mailings or publications as appropriate.

Regulatory Citation:

UM 2-Clinical Criteria for UM Decisions

Related Policies:

n00240- Published Review Criteria

Department:	Origination Date:	Next Review Date:
Utilization Management	07/27/1995	03/31/2025
Revision Number:		
7		

Revision Reason:
05/16/2018- annual review and update to new desk procedure template 03/08/2019- annual review, 3.6.20 annual review, 3/8/21 annual review, 3/9/22 annual review, no substantial changes, 3/30/23 annual review, no substantial changes, 3/22/24 annual review, updated MPC to UMC and clarified policies are publicly available on the internet.